

Response to
Completeness Request

Chesapeake Treatment Centers, Inc.

Matter No. 15-24-2371

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HEALTH
COMMISSION

Chesapeake Treatment Centers, Inc.

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Completeness Response

6911 PRINCE GEORGES AVENUE
TAKOMA PARK, MD 20912

February 16, 2016

Via Email & U.S. Mail

Angela Clark, MPA
Health Policy Analyst Advanced
Certificate of Need Division
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

**Re: Chesapeake Treatment Center, Inc.
for The Right Moves Program,
Matter No. 15-24-2371**

Dear Ms. Clark:

This letter responds to your request for completeness information dated Jan. 21, 2016 regarding the application of Chesapeake Treatment Center, Inc. ("CTC" or "the Applicant") for a Certificate of Need ("CON"). CTC requested an extension of time for the response to Feb. 19, which Mr. McDonald graciously granted.

Part I- Project Identification and General Information

1. Please provide the following additional information and clarifications:

- a. The Ownership Structure Chart lists Chesapeake Youth Center as a 100% owned entity of the Chesapeake Treatment Center; however CTC's audited financial statement states that the operation of the CYC was sold on 9/11/2006. Please comment on the ownership status of the CYC and revise and resubmit an updated Ownership Structure Chart.

RESPONSE: The assets and operations of Chesapeake Youth Center (CYC) were sold on 9/11/2006, but the entity was not. CYC is still a 100% owned subsidiary of CTC but presently does not have any operations.

- b. Project drawings: the application directs the applicant to include scalable schematic drawings of the facility at least at 1/16" scale that are completely legible and include dates. These drawings should include the following, before (existing) and after (proposed), as applicable:

- i. Floor plans for each floor affected with all rooms labeled by purpose or function, number of beds, location of bathrooms, nursing stations, and any proposed space for future expansion to be constructed, but not finished at the completion of the project, labeled as “shell space”.
- ii. For projects involving new construction and/or site work a Plot Plan, showing the “footprint” and location of the facility before and after the project.
- iii. Specify dimensions and square footage of patient rooms.

The fire evacuation plans submitted do not meet those specifications. Please resubmit your project drawings per the specifications listed above. Note that the applicant states throughout the application that the current facility has 29 licensed beds; however, the plan submitted only reflected 26. Please clarify the number and location of all currently licensed beds at the CTC.

RESPONSE: More accurate/scalable drawings, including square footages, are attached as Attachments B (main building) and C (dining hall building). The 29 currently licensed beds (one per room) at the RTC are shown on the floor plan as room numbers 00 – 24 (25 beds), plus the beds in the two rooms labeled “High Lvl Peer Rm” #1 and #2. There are two beds in each high level peer room, bringing the total to 29. The eight beds for *The Right Moves* program will be in room numbers 00-04 and 21-23.

Part II – Project Budget

2. Please provide a more thorough description of the proposed renovations to be undertaken with the \$40,000 in building renovations for *The Right Moves* Program.

RESPONSE: The cosmetic enhancements and refurbishments to the patient rooms and community room/day room areas designated for *The Right Moves* program at **New Directions**, and the movable equipment to be purchased, are described in the following table:

CTC - <i>The Right Moves</i> Project Costs			
	Qty	Amount	Total
Cosmetic Enhancements/Refurbishments			
Painting eight patient rooms, sanding and painting of doors, door frames and trim for each patient room, sanding and painting of doors, door frames and trim for <i>The Right Moves</i> community room/day room, painting of walls in <i>The Right Moves</i> community room/day room	1	\$ 22,000.00	\$ 22,000.00
Flooring (Laminate - Wood Finish) eight patient rooms, Community Room and Hallway	1	\$ 18,000.00	\$ 18,000.00
Grand Total Cosmetic Enhancements/Refurbishments			\$ 40,000.00
Furnishing/Equipment			
Mattresses Single	8	\$ 300.00	\$ 2,400.00
Bedspreads	8	\$ 150.00	\$ 1,200.00
Towel sets (Bath, hand and washcloth)	8	\$ 80.00	\$ 640.00
Pillows	8	\$ 20.00	\$ 160.00
Covers for mattress (hypoallergenic and bed bug proof))	8	\$ 59.95	\$ 479.60
Covers for pillows (hypoallergenic and bed bug proof)	8	\$ 29.95	\$ 239.60
Sheet sets (two per bed)	16	\$ 49.00	\$ 784.00
Blankets	16	\$ 35.00	\$ 560.00
Curtains for rooms	8	\$ 135.00	\$ 1,080.00
Beds Single	8	\$ 894.72	\$ 7,157.76
Dressers	8	\$ 268.00	\$ 2,144.00
Desks	8	\$ 611.80	\$ 4,892.00
Desk lamps for desks	8	\$ 44.25	\$ 354.00
New Board Games	1	\$ 360.00	\$ 360.00

Table Tennis Table	1	\$ 406.00	\$ 406.00
Sofas (3 seat) for common area	3	\$ 800.00	\$ 2,400.00
Love seat (2 seat) for common area	1	\$ 700.00	\$ 700.00
Chairs	10	\$ 450.00	\$ 4,500.00
Area rugs	2	\$ 300.00	\$ 600.00
Television flat screen for community room	1	\$ 2,500.00	\$ 2,500.00
DVD player for community room	1	\$ 115.00	\$ 115.00
Television mount for wall	1	\$ 135.00	\$ 135.00
Stand-alone computer for community room	2	\$ 1,200.00	\$ 2,400.00
Printers for computer	2	\$ 200.00	\$ 400.00
Software for computer	2	\$ 317.04	\$ 634.08
Basketball Hoop outdoor on stand moveable	1	\$ 850.00	\$ 850.00
Basketballs	5	\$ 44.00	\$ 220.00
Soccer nets	2	\$ 110.00	\$ 220.00
Soccer Balls	5	\$ 35.00	\$ 175.00
Baseball gloves right handed	6	\$ 51.00	\$ 306.00
Baseball gloves left handed	6	\$ 51.00	\$ 306.00
Bases	1	\$ 365.96	\$ 365.96
Baseball bats	4	\$ 79.00	\$ 316.00
Grand Total Furnishing/Equipment			\$ 40,000.00
Grand Total Entire Project			\$ 80,000.00

3. Please provide an itemized list for the estimated \$40,000 in moveable equipment and describe its use.

RESPONSE: An itemized list of the equipment is included in the table above.

Part III – Consistency with General Review Criteria at COMAR 10.24.01.08G(3)(a) The State Health Plan

a) Need

4. Please submit annual statistics and average length of stay data, for the past five years, to support statements made regarding the number of DJS committed youth, ages 18-20, placed in out-of-state treatment centers.

RESPONSE: Please see the data in the tables below:

Out-of-State Committed Placements	FY2011	FY2012	FY2013	FY2014	FY2015
Average Daily Census	115.0	123.5	119.7	95.9	81.4
Average Length of Stay	289.0	275.7	288.5	319.8	291.3

Out-of-State RTC Placements	FY2011	FY2012	FY2013	FY2014	FY2015
Average Daily Census	14.0	11.4	15.3	14.5	10.8
Average Length of Stay	252.0	221.6	290.7	293.1	260.6

Source: Maryland Department of Juvenile Services, Data Resource Guides, FY2011 - FY2015. <http://www.djs.maryland.gov/data-resource-guides.asp>

5. Commission staff understands that some of the standards in this State Health Plan chapter are outdated and appreciate the information that the applicant has provided relative to demonstrating need. Please enhance it:
 - a. By providing any data, studies, or documentation that your organization relied on to assess need for the proposed program;

RESPONSE: In addition to the documents referenced under the following response, see:

Maryland Department of Juvenile Services, Data Resource Guide, FY2015.

http://www.djs.maryland.gov/drg/2015/2015_Full_DRG.pdf

Maryland Department of Juvenile Services, Committed Population: Population Analysis and Projections (Revised Feb. 4, 2014)

<http://www.djs.maryland.gov/docs/publications/Committed%20Forecast%202014.pdf>

Analysis of the FY 2015 Maryland Executive Budget, 2014, Dept. of Juvenile Services.

<http://mgaleg.maryland.gov/pubs/budgetfiscal/2015fy-budget-docs-capital-V00-Department-of-Juvenile-Services.pdf>

Maryland Department of Juvenile Services, Statement of Need, Increased Number of Placements at Silver Oak Academy, Revised May 3, 2013

<http://www.djs.maryland.gov/docs/SOA%20Revised%20Statement%20of%20Need%2005.03.13.pdf>

- b. A copy of the source documents for the citations from the various reports cited on p.27. Internet links will suffice.

RESPONSE: Internet links to the documents are provided below.

Juvenile Justice Monitoring Unit, Office of the Attorney General, 2014 Annual Report.

http://www.oag.state.md.us/jjmu/reports/JJMU_2014_ANNUAL_REPORT.pdf

Governor's Office for Children, FY2014 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan.

<https://goc.maryland.gov/wp-content/uploads/sites/8/2013/11/2014-OOHP-Report-Final.pdf>

Maryland Department of Juvenile Services Residential and Community-Based Services Gap Analysis (12/31/2013).

http://www.djs.state.md.us/docs/2013_GAP%20analysis.pdf

- c. The application cites the "support of DJS leadership," and that "DJS leadership (is)...becom{ing} concerned about... out-of-state placement." Supply a letter from DJS affirming their support for this service addition and stating their perception of need; and

RESPONSE: A letter signed by Sam Abed, Secretary, Department of Juvenile Services, is attached as Attachment D.

- d. Reconcile the statement on p.28 that 135 boys are expected to need Level III services "on any given day" with earlier references to 8 or more DJS-committed youth being placed out of state (pgs. 25 & 28). Are these two different population and/or treatment levels? Or is it that there were 8 out of 135 males who could not be placed in MD?

RESPONSE: Level III services are provided by: (1) Residential Treatment Centers certified as Psychiatric Residential Treatment Facilities (PRTFs), which accept Maryland Medicaid; and (2) staff-secure and hardware-secure programs that do not meet the criteria of a PRTF, and which do not accept Maryland Medicaid. Of the 135 boys that are placed in out-of-state programs, 8-10 are in out-of-state PRTFs that accept Maryland Medicaid.

h) Staff Training

6. Clearly describe which Direct Care Staff get what type of Staff Training.

RESPONSE:

I. Overall Training and Orientation for Direct Care Staff:

The Direct Staff at the Chesapeake Treatment Centers (CTC) facility are Mental Health Technicians. The term "Counselor Technician" was utilized incorrectly in the original submission of the CON.

The Mental Health Technicians, who function as the direct care personnel, and **all** other staff members at Chesapeake must participate after hire in the New Employee Orientation which provides new employees with an overview of CTC that includes its mission and organizational structure. Additionally, the New Employee Orientation includes training elements that provide new staff with knowledge about procedural and regulatory requirements and an understanding of performance expectations.

Mental Health Technicians participate in training related to specific skills and knowledge germane to their jobs and functions within the organization. CTC identifies three basic areas of skills and knowledge for Direct Care staff:

1. Skills and Knowledge for all Employees

All employees, contractual staff and interns/students are held accountable for knowledge/skills in the following areas:

- Organizational Mission
- Performance Improvement
- Safe work environment
- Incidents/accidents
- Safety risks and practices
- Security
- Hazardous materials and waste
- Physical Plant emergencies
- Behavioral emergencies
- Rights and Organizational ethics
- Confidentiality
- Involvement with Patients

- Infection Control

2. Skills and Knowledge for Support Staff

- Position-specific competencies in areas of support service
- Staff will be competent in CPR and management of aggressive behavior

3. Skills and Knowledge for Management Staff (including those mental health technicians who supervise other direct care staff)

- Position specific competencies for leadership positions
- Managers are held accountable for knowledge/skills in areas such as employee development, managing employee performance, problem-solving and budget management

CTC utilizes Assessment of Competence tools through one or more of the following methods:

- Supervisor's direct observation
- Review of written documents or records
- Written or verbal references
- Discussion with employees
- Written Tests

Direct care staff receives orientation and education in the Written Assessment Tools utilized by leadership staff and Human Resources including assessment of the employee's skills/knowledge in one or more of the following formats:

- Competency checklists
- Reference checklists
- Orientation checklists
- Performance reviews
- Employee self-evaluation forms

For direct care staff and other staff members, when competency reviews reveal a lack of skills/knowledge in a certain area for an individual, the direct supervisor will initiate coaching/training in that area. When aggregate trends are identified, the Director of Human Resources and the department head will plan training or other department interventions.

The attached Human Resources Policies and Procedures include key policies related to initial orientation and ongoing training for Direct Care staff and other CTC staff (Attachment A):

1. New Employee Orientation
2. Staff Competency Plan
3. Patient Rights and Responsibilities
4. Patient Grievances for Patients in DJS Custody

II. Ongoing Training Curriculum Modules for Direct Care Staff at CTC:

Specific training modules for the Direct Care Staff are contained in response to the completeness question regarding the types of training. These modules include:

- Cultural Diversity and Cultural Competency
- Harassment
- The Use of Computers and Electronic Systems
- Appropriate Employee Conduct and Discipline
- Professional Boundaries
- HIPPA, Protected Health Information, and the Principles of Confidentiality
- Health Information Management System and Medical Records
- Documentation
- Corporate Compliance
- Workplace Safety, including Fire Safety, Good Housekeeping, Emergency Disaster, Staff Support and Bomb Threats
- Hazardous Materials and Material Safety
- Patient Health/Safety Awareness
- Infection Control and Blood borne Pathogens
- Crisis Prevention Intervention
- Adolescent Development and transition into Young Adulthood
- Cardio Pulmonary Resuscitation
- Common Psychiatric Diagnoses for Youth
- Medical Management of Psychiatric Illness
- Substance Use Disorders – Signs, Symptoms, Education and Prevention
- Special Education Needs of Adolescents
- CTC Graduate Work Program

Trainings for direct care staff take place on a regular monthly basis. Direct care staff members also receive ongoing training from the CTC Administrator and Clinical Director in addition to the supervision they receive by the direct care shift supervisors.

7. On Table L., the applicant listed 13 job categories for Direct Care Staff. Why was the Counselor Technician position not included in this list?

RESPONSE: Table L in Attachment D to the application is correct in utilizing the staff title “Mental Health Technicians”. The term “Counselor Technician” was utilized incorrectly in the narrative for the application. At the Chesapeake Treatment Centers’

New Directions program and *The Right Moves* program, the job title for the direct care staff is "Mental Health Technician" as reflected in Table L.

8. Please explain why the applicant submitted a copy of Maryland Treatment Centers, Inc. a/k/a Mountain Manor Baltimore's New Hire In-Service Training Schedule in the place of New Hire Training Curriculum and Schedules for the CTC?

RESPONSE: All of the Chesapeake Treatment Centers' orientation and training components for direct care staff are documented in our response to h) Staff Training – 6. Additional information is contained within the Human Resources policies and procedures contained within Attachment A.

j) State Regulations

9. No response was provided, and is needed.

RESPONSE: CTC is currently in compliance with all mandated federal, State and local health and safety regulations and applicable licensure and certification standards. See the documentation at Attachment H to the application of accreditation by The Joint Commission, licensure by the Maryland Office of Health Care Quality, and certification by the Maryland State Board of Education. CTC will continue to comply with all mandated federal, State and local health and safety regulations and applicable licensure and certification standards.

l) Criminal Background

10. This was not provided, please submit.

RESPONSE: We have included all relevant information regarding the Human Resources (HR) policies and procedures regarding criminal background checks for Chesapeake Treatment Centers in **Attachment A** to this response. The HR policies and procedures within the Attachment that specifically relate to the criminal background checks are: HR – B04 Criminal Background Check and HR – B02 Recruitment and Selection.

As indicated in the policies, all applicants for any position at Chesapeake Treatment Center must submit to a criminal background check. In some cases, applicants are also required to have State and FBI fingerprint-supported criminal background checks through Criminal Justice Information Services (CJIS).

No applicant will be considered for a position with unsupervised access to child or adolescent patients who has indicated child abuse or neglect finding; has a conviction for child abuse or neglect, spousal abuse, rape, sexual assault, homicide, or any crime against children; who has had a conviction within five years for assault or a drug-related

offence; or who has a conviction within five years for violating Courts and Judicial Proceedings Article 3-838 or 3-8A-30 of the Annotated Code of Maryland.

m) Security

11. Please respond to this standard; more specifically, describe how you are providing a separate and secure unit for the proposed new line of service. In doing so, please make sure to provide your facility definition for the terms “separation” and “security”.

RESPONSE: Chesapeake Treatment Center’s new program *The Right Moves* will be a separate and distinct program track that will be housed in a staff-secure “unit” of eight individual rooms on one corridor of the existing residential building. The eight youth in *The Right Moves* program will be supervised and escorted at all times throughout the day, evening and night shifts by specifically assigned staff.

The patients in *The Right Moves* will each have single rooms assigned to them and each room contains its own “john” and sink as well as a single bed, dresser, desk and chair. All programming is carefully scheduled and planned seven days a week throughout the day, evening and night shifts. The individual therapy, group therapy, addictions education and prevention, recreational activities and educational classes and activities will be scheduled separately from the **New Directions** patients. *The Right Moves* patients, under the direct supervision of the clinical and direct care staff members, will utilize common areas, such as the indoor gym, the cafeteria and the shower room at separate and distinct times that will avoid their mingling with the **New Directions** patients.

Chesapeake Treatment Centers staff members are already well experienced in separation of the **New Directions** programming tracks since the younger and older patients have had differing program and separate utilization of common areas based upon their age for the last eight years.

The term “security” at the **New Directions** facility is used by our clinical team members to describe two related concepts – a secure/locked facility and a “staff secure” facility. Our Residential Treatment facility is a “locked” and “secure” facility where our patients are housed and schooled within locked building areas only accessible by staff opening and locking doors to allow for patient movement.

We also consider our facility a “staff secure” facility since no patients are allowed to participate in groups or travel within the facility or on the grounds for outdoor activities without direct care staff supervision at all times.

Safety of the patients and staff and separation of patients within the program based on age and patient/program needs has always been of primary importance to our clinical team and will remain so with our new patient population. The Department of Juvenile Services has been very pleased with and supportive of our safety record with our

patients and staff since the **New Directions** program was established sixteen years ago.

Part IV – CON Criteria

A) Need

12. Referring to Tables 1 & 2, Statistical Projections – Entire Facility and Proposed project, please address the following questions, and provide corrected tables where needed:

- a. In reviewing the patient volume, days, and length of stay data reported in Table 1, “The math doesn’t work.” Please reconcile what’s reported for the number of patients, patient days and average length of stay.

RESPONSE: We calculated the average length of stay (ALOS) based on discharges as follows:

FY 2014: Patient Days 8,673/22 discharges=394 ALOS (Please see corrected Table 1 attached at the end of this letter.)

FY 2015: Patient Days 6,236/20 discharges=312 ALOS

Together CTC’s FY 2014 and FY 2015 ALOS averaged 354 days so we used an estimated ALOS of 1 year for the FY 2016 budget.

FY 2016: We budgeted 17 patients with an ALOS of 365 days=6,205 days.

FY 2017: We budgeted 25 patients with an ALOS of 365 days=9,125 patient days.

- b. Table 1 projects that in 2016 17 residents will demand fewer patient days in FY 2016 than 12 residents demanded in FY 2015; please explain.

RESPONSE: CTC had 12 admissions in FY 2015, however, due to the timing of admissions/discharges the average daily census was closer to 17, generating 6,236 patient days. Our FY 2016 projection is based on an ADC of 17.

- c. Table 2 shows that all 8 beds will be occupied for 365 days in 2017. However, on page 6 of the Comprehensive project description, the CTC states that the average

length of stay for patients in treatment in The Right Moves Program will be nine months. Please reconcile, and clarify.

RESPONSE: The original submission for *The Right Moves* program should have stated in the Comprehensive Project Description that the Average Length of Stay for the youth in the program would be **twelve (12)** months, rather than **nine (9)** months for this population. We apologize for any confusion that this caused. As noted in the Response to 12a above, CTC's FY 2014 and FY 2015 ALOS averaged 354 days, so we used an estimated ALOS of one year for the FY 2016 budget.

- d. Why is the occupancy listed at 28% when it appears to be 100% for the 8 bed unit? Please note, Table 2 instructions say that Table 2 is for the "Proposed Project Only".

RESPONSE: Please see corrected Table 2 attached at the end of this letter.

B) Availability of More Cost Effective Alternatives

13. Applicant stated that "Placing the target population out of state would be more expensive for DJS and not as clinically effective as treating the youth in the {Right Moves} Program. Document this by:

- a. Showing comparative costs for out-of-state programs vs. the proposed Right Moves program.

RESPONSE: The per diem rates for DJS patients treated in out-of-state RTCs ranges from \$273.77 per day for those youth whose intensity of illness is less complex to \$458.00 per day for those youth who need a more intensive and higher level of care. The per diem rates for DJS patients treated in in-state RTCs ranges from \$321.59 to \$515.63. Source: DJS Data Resource Guide, FY2015, Appendix E. The out-of-state institutions that charge higher rates are more comparable with CTC because these facilities treat the more difficult youth who present with more intense psychiatric, somatic, and conduct disorder needs.

CTC's projected per diem rate of \$479.92 is considered by the Department of Juvenile Services (DJS) and by Medicaid to be an appropriate daily rate since CTC accepts and successfully treats a complex patient population with highly specialized needs and with a multiplicity of mental health, substance abuse, legal, socialization, conduct and family problems. The rates at CTC are in the higher range not only because of the challenges our patients present, but also because our small number of beds (relative to other 60 to 80 bed facilities) and our dedication to the most difficult to treat young people requires more skilled, more experienced and more specifically trained clinical team members.

Educational costs are not included in per diem rates. Moreover, the out-of-state per diems do not include the costs borne by DJS for transporting the families of residents to visit the residents once per quarter (including travel, car rental, and lodging).

- b. Elaborating on why The Right Moves Program will be more clinically effective and support that statement with data.

RESPONSE: CTC has a successful record of clinical effectiveness in treating patients referred by DJS, as shown by the following data comparing outcomes for patients treated at CTC and the overall rate for DJS patients treated at RTCs in Maryland:

Fiscal year CTC % & Overall %	Discharges	Rearrested	Reconvicted	Reincarcerated
2008	11	2	1	1
CTC %		18%	9%	9%
Overall %		41%	13.5%	11.6%
2009	8	1	0	0
CTC %		13%	0%	0%
Overall %		46%	12.9%	7.8%
2010	9	4	2	2
CTC %		44%	22%	22%
Overall %		54%	15.3%	10.8%
2011	9	5	2	1
CTC %		55%	22%	11%
Overall %		67%	21%	13%
2012	10	2	0	0
CTC %		20%	0%	0%
Overall %		45.9%	16.5%	13.5%
2013	6	3	1	1
CTC %		50%	17%	17%
Overall %		42.7%	19.4%	13.6%
2014	14	4	2	2
CTC %		28.5%	14%	14%
Overall %		48.7%	18.3%	15.7%

- c. Provide a letter from DJS supporting your claims re: their wishes and statements.

RESPONSE: A letter signed by Sam Abed, Secretary, Department of Juvenile Services, is attached as Attachment D.

14. How does the Chesapeake Treatment Center measure the effectiveness of its current residential treatment program?

RESPONSE: CTC uses the same measures utilized by DJS: the rates for rearrests, convictions, and reincarcerations. See the data in the table above.

C) Viability of the Proposal

15. Reconcile Table 3: Revenue and Expenses – Entire Facility and Table L. Workforce information. The application has conflicting figures for regular employee salaries.

RESPONSE: A reconciliation of Table 3 to Table L follows:

Reconciliation of Table 3 to Table L		Current Entire Facility	Projected Entire Facility
Table 3	Salaries, Wages etc.	2,472	3,452
	Contractual Services	637	1,165
Total		3,109	4,617
Less Items Excluded From Table L:			
Contracted Food Service		210	368
Accounting Fees		27	42
Legal Fees		6	3
Payroll Processing		22	32
Patient Billing Processing		4	5
Total Items Excluded From Table L		269	450
		2,840	4,167
Table L	Total Cost	2,840	4,167
	Difference	0	0

16. In Table 4: Revenues and Expenses for the Proposed Project line 1.c. shows projected gross patient services revenue of \$1,606,000, and line 1.e. shows contractual allowances (to be subtracted) of \$193,000, resulting in a net revenue of \$1,413,000. Yet the line immediately following shows total operating revenue of \$1,613,000. This appears to be a miscalculation or a mistake. Explain and/or correct.

RESPONSE: The \$200,000 difference is for other operating revenues related to education (tuition).

17. Table L seems to show more staff allocated to the proposed program (which services fewer patients) than the current program. Explain the staff to patient ratio for the Right Moves Program versus the New Dimensions Program.

RESPONSE: Please see corrected Table L attached separately to this response, reflecting 13.9 additional FTE's related to the new program.

18. The information in the income tax line in Table 3 needs clarification. It appears that payments are sometimes indicated by parentheses (2014) and other times not (2017). Also explain the apparently positive number in 2015 and the absence of tax in 2017.

RESPONSE: In FY 2014 CTC had a tax provision (expense) of \$106,000. CTC had a loss in FY 2015 resulting in a tax benefit of \$33,000. CTC has a loss carry-forward from FY 2015 so CTC is projecting no tax liability for FY 2016. The carry-forward will also be applied partially to FY 2017 where CTC is expecting a provision (expense) of \$6,000 which should be bracketed (the omission of the parentheses was a typographical error).

19. What is the anticipated per diem for patients referred from DJS for the Right Moves program?

RESPONSE: We anticipate the FY 2017 per diem to be \$479.92.

D) Impact on Existing Providers

20. Applicant stated that, "Since Chesapeake Treatment Center, Inc. will treat only residents who cannot be treated at other Maryland facilities, there will be no impact on other Maryland Residential Treatment Centers". Please provide a list of who those other

Maryland facilities are. How is this restriction – i.e., treating only residents other Maryland facilities can't treat -- to be enforced?

RESPONSE: The restriction will be enforced by DJS, which will decide whether residents can be treated at other Maryland facilities or not.

A list of Maryland RTCs follows:

Adventist Behavioral Health- Eastern Shore

821 Fieldcrest Road
Cambridge, MD 21613
410-221-0288

Adventist Behavioral Health- Rockville

14901 Broschart Road
Rockville, MD 20850
301-251-4500

RICA- Baltimore

605 S. Chapel Gate Lane
Baltimore, MD 21229
410-368-7801

The Berkeley and Eleanor Mann RTC

North Charles Street
Baltimore, MD 21285
410-938-3499

Chesapeake Treatment Center/ New Directions

9700 Old Harford Road
Baltimore, MD 21234
410-663-8500

Good Shepherd Center

4100 Maple Avenue
Baltimore, MD 21227
410-247-2770

The Jefferson School

2940 Point of Rocks Road
PO Box 9
Jefferson, MD 21755

St. Vincent's Villa

2300 Dulaney Valley Road
Timonium, MD 21093
410-252-4700

Woodbourne Center

1301 Woodbourne Avenue
Baltimore, MD

John L. Gildner Regional Institute for Children and Adolescents (JLG-RICA)

15000 Broschart Road
Rockville, MD 20850
301-251-6800

I am mailing six copies of this letter, and submitting it, in both Word and PDF format, to Ruby Potter (ruby.potter@maryland.gov).

Below is a statement from Barbara Groves affirming the facts set forth in these responses.

Sincerely,

A handwritten signature in black ink that reads "Richard G. McAlee". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Richard G. McAlee

cc: Pat Bixler
Barbara Groves
Gregory Wm. Branch, M.D., MBA, CPE, Baltimore County Health Department

STATEMENT AFFIRMING SUPPLEMENTARY INFORMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information, and belief.

Date: Feb. 16, 2016

Signature: _____

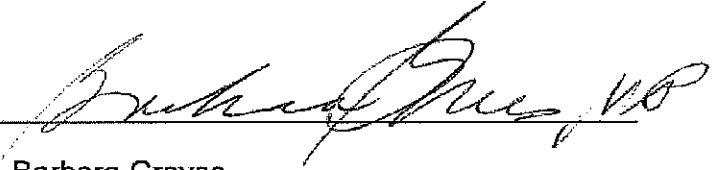

Barbara Groves
Executive Vice-President
Chesapeake Treatment Centers, Inc.

TABLE 1: STATISTICAL PROJECTIONS - ENTIRE FACILITY -

	Two Most Actual Ended Recent Years		Current Year Projected	Projected Years (ending with first full year at full utilization)			
CY or FY (Circle)	2014__	2015__	2016__	2017__	20__	20__	20__
1. Admissions							
a. ICF-MR							
b. RTC-Residents	22	12	17	25			
Day Students							
c. ICF-C/D							
d. Other (Specify)							
e. TOTAL							
2. Patient Days							
a. ICF-MR							
b. RTC-Residents	8673	6236	6205	9125			
c. ICF-C/D							
d. Other (Specify)							
e. TOTAL							

TABLE 2: STATISTICAL PROJECTIONS - PROPOSED PROJECT

	Projected Years (Ending with first full year at full utilization)			
CY or FY (Circle)	2017	20	20	20
1. Admissions				
a. ICF-MR				
b. RTC-Residents	8			
Day Students				
c. ICF-C/D				
d. Other (Specify)				
e. TOTAL				
2. Patient Days				
a. ICF-MR				
b. Residential Treatment Ctr	2920			
c. ICF-C/D				
d. Other (Specify)				
e. TOTAL				
3. Average Length of Stay				
a. ICF-MR				
b. Residential Treatment Ctr	365			
c. ICF-C/D				
d. Other (Specify)				
e. TOTAL				
4. Occupancy Percentage*				
a. ICF-MR				
b. Residential Treatment Ctr	100%			
c. ICF-C/D				
d. Other (Specify)				

e. TOTAL				
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Table 2 Cont.		Projected Years (Ending with first full year at full utilization)			
CY or FY (Circle)	2017	20	20	20	
5. Number of Licensed Beds					
a. ICF-MR					
b. Residential Treatment Ctr	29				
c. ICF-C/D					
d. Other (Specify)					
e. TOTAL					
6. Home Health Agencies					
a. SN Visits					
b. Home Health Aide					
c.					
d.					
e. Total patients served					
7. Hospice Programs					
a. SN Visits					
b. Social work visits					
c. Other staff visits					
d. Total patients served					
8. Ambulatory Surgical Facilities					
a. Number of operating rooms (ORs)					
• Total Procedures in ORs					
• Total Cases in ORs					
• Total Surgical Minutes in ORs**					
b. Number of Procedure Rooms (PRs)					
• Total Procedures in PRs					

● Total Cases in PRs				
● Total Minutes in PRs**				

*Do not include turnover time

Attachment A Policies and Procedures

**CHESAPEAKE TREATMENT CENTER
POLICIES AND PROCEDURES MANUAL**

SECTION: HUMAN RESOURCES (HR)

Policy No.:	HR- B02	Effective Date:	April 1, 2004 August 5, 1993
Subject:	Recruitment and Selection	Reviewed and/or Revised:	February 26, 2004 December 26, 2007 November 26, 2010 April 18, 2012 April 23, 2013
Approved By:	N. Craig Cutter Corporate Director, Human Resources Marc J. Fishman, M.D. Chairperson, Board of Directors		

Policy:

Chesapeake Treatment Center (CTC) is committed to engaging in recruitment and selection practices that are in compliance with all applicable employment laws in order to identify and employ candidates who, in its best judgment, are the best qualified for approved CTC positions.

It is the policy of CTC to provide equal employment opportunity for employment to all applicants and employees.

The appropriate authorization is required to initiate any action for an open position including any recruitment efforts, advertising, interviewing or offer of employment.

Procedure:

- A. Human Resources is responsible for maintaining a recruitment program to meet the needs of CTC. The recruitment program is administered without regard to race, color, religion, national origin, age, gender, sexual orientation, disability, or any other protected characteristic as established by law.
- B. Authorization to recruit for any position must be provided by the facility Administrator.
- C. Recruitment sources for potential candidates include but are not limited to advertising in newspapers and other print media, internet advertising, internet search, retained or contingency agency search, temporary agencies, employee referral and referral from outside sources.
- D. Contact with recruitment agencies shall only be made by or with the authorization of Human Resources. Applications are accepted for vacant positions from both internal and external applicants. (Refer to policy HR-B15 Internal Job Posting.)
- E. In order to ensure that all external applicants are given adequate screening and consideration, and to ensure that they are familiar with CTC's pre-employment requirements, all external applicants must complete an Application for Employment before being considered for an interview.
- F. A conditional offer of employment may be made to a candidate for an authorized vacancy by either the hiring department head or by the Human Resources Officer. Such an offer is conditional on the following:
 - 1. Two (2) positive and appropriate references for adult programs, three (3) for adolescent programs. References may be obtained by the hiring department head or the Human Resources Officer. (Refer to policy HR-E03 Reference Verification.)

2. A drug test completed according to CTC protocols, the results of which are reviewed by the facility Human Resources Officer and Medical Review Officer as appropriate and found to be acceptable.
3. A tuberculin skin test (PPD) or documentation of a current chest x-ray along with a completed Previous History of Positive PPD questionnaire that is reviewed by the Director of Nursing.
4. A criminal background check completed by a consumer reporting agency that is reviewed and found to be acceptable by the facility Administrator.
5. A check of the DHHS-A-OIG Exclusions Database to confirm that the candidate is eligible to work in programs receiving federal reimbursement.
6. Where required, a criminal background check completed using the candidate's fingerprints that is reviewed and found to be acceptable by the facility Administrator.
7. Where required, a report from Maryland Child Protective Services that is reviewed and found to be acceptable by the facility Administrator.
8. Where required, copies of and primary source verification of current professional registration, licensure or certification.
9. Where required, proof of a current, valid driver's license and a driving record from the Motor Vehicle Administration that is reviewed and found to be acceptable by the facility Human Resources Officer.
10. Confirmation of any undergraduate or graduate degrees conferred.

Items 1-5 above are pre-employment requirements for every position at CTC. Items 6-10 are additional pre-employment requirements for particular positions based on regulatory or contractual guidelines or on job specifications.

- H. Failure or refusal to comply with the requirements set forth in "G" above will make a candidate ineligible for further consideration for employment.
- I. Candidates, who meet the conditions set forth in "G" above, must, as a further condition of employment, satisfactorily complete a medical examination during the Initial Review Period.

**CHESAPEAKE TREATMENT CENTER
POLICIES AND PROCEDURES MANUAL**

SECTION: HUMAN RESOURCES (HR)

Policy No.:	HR- B04	Effective Date:	April 1, 2004
Subject:	Criminal Background Check	Reviewed and/or Revised:	August 8, 2001 February 26, 2004 September 23, 2005 December 26, 2007 November 26, 2010 April 23, 2013
Approved By:	N. Craig Cutter Corporate Director, Human Resources Marc J. Fishman, M.D. Chairperson, Board of Directors		

Policy:

A criminal background check is a condition of employment with Chesapeake Treatment Center (CTC)

Procedure:

- A. All prospective employees must complete an Application for Employment that includes a question as to whether that individual has prior criminal offenses or pending charges. Failure to adequately respond to that question will prohibit that individual from commencing employment with CTC. Disclosure of a criminal offence that is listed in applicable laws and regulations will require further investigation as to the appropriateness of hire. The Administrator or designee has ultimate authority to make such a decision.
- B. As part of the pre-employment process, applicants who are deemed to be the most qualified for vacant positions will be required to complete an Authorization and Release which will be forwarded to the Consumer Reporting Agency (CRA) retained by CTC to complete background checks. Refusal to complete and sign this form or failure to provide all of the information requested with preclude hiring, nullify any offer of employment and cause the application to be placed in an inactive file.
- C. In some cases, applicants are also required to have State and FBI fingerprint-supported criminal background checks through Criminal Justice Information Services (CJIS)
- D. Any criminal offences or conflicting personal information reported by CJIS or the CRA will be evaluated by the Administrator or designee in the context of applicable laws and regulations as to the appropriateness of hire.

No applicant will be considered for a position with unsupervised access to child or adolescent patients who has an indicated child abuse or neglect finding; has a conviction for child abuse or neglect, spousal abuse, rape, sexual assault, homicide or any crime against children; has a conviction within five years for assault or a drug-related offence; or has a conviction within five years for violating Courts and Judicial Proceedings Article 3-838 or 3-8A-30 of the Annotated Code of Maryland.

Other offences may, at the sole discretion of the Administrator or designee, form the basis for a decision to preclude hiring, to nullify any offer of employment, or to terminate any employee during his/her Initial Review Period.

- E. Any excluding offence will be shared with the applicant so that he/she may understand the decision making process. If the applicant claims the excluding information is inaccurate, the Administrator may decide to submit a new criminal background check. In such case, the applicant would be required to bear the expense of the second check.

HR- B04

- F. The results of background checks (Criminal History Record Information) will be maintained by Human Resources and should only be disclosed for business purposes.
- G. If an applicant or employee requests and is provided with a copy of his/her Criminal History Record Information, the document will be provided and will be clearly marked "Copy".

**CHESAPEAKE TREATMENT CENTER
POLICIES AND PROCEDURES MANUAL**

SECTION: HUMAN RESOURCES (HR)

Policy No.:	HR- B05	Effective Date:	April 1, 2004
Subject:	Employment Medical Examination	Reviewed and/or Revised:	August 5, 1993 December 26, 2007 November 26, 2010 April 23, 2013
Approved By:	N. Craig Cutter Corporate Director, Human Resources Marc J. Fishman, M.D. Chairperson, Board of Directors		

Policy:

Chesapeake Treatment Center (CTC) requires a test for tuberculosis as a condition of employment in any program. CTC requires a medical examination as a condition of employment in any adolescent treatment program and may request a medical examination as a condition of employment in an adult program.

Procedure:

- A. A conditional offer of employment for any position at CTC includes a requirement for a test for tuberculosis – including a PPD or chest x-ray as needed, and any other tests that may be required by CTC or the examining physician in order to determine the candidate's ability to perform the duties of his/her job without injury to his/her health.
- B. Each candidate will be required to sign a Consent and Release Form permitting the examining physician to disclose the results of required medical testing to CTC.
- C. Failure on the part of a candidate to complete the requirements set forth in Paragraph A above in a timely manner will be treated as a rejection of the conditional offer of employment.
- D. Any concern about a candidate's suitability for the position based on the employment medical examination will be discussed directly with the candidate by the Administrator or Human Resources Officer. If the candidate questions the results of the examination, he/she will be given an opportunity to comment, submit additional information and/or request another medical examination.
- E. All medical information provided to CTC will be maintained in confidence in accordance with the Americans with Disabilities Act (ADA), the Family and Medical Leave Act (FMLA), other applicable law.
- F. Any medical recommendation not to hire a candidate must specifically state that the individual is not able to perform the essential functions of the position, with or without reasonable accommodations. The following will be noted:
 - 1. The essential functions that cannot be performed without posing a direct threat to the health or safety of the candidate or others in the workplace.
 - 2. Any accommodations requested by the candidate or offered by CTC.
 - 3. Any undue burdens placed on CTC as a result of a proposed accommodation.
 - 4. If CTC rejected any accommodation, the reasons for such rejection.
- G. No candidate will be permitted to complete the employment process and begin working until his/her employment physical is completed and evaluated. CTC retains the right to evaluate any candidate or any candidate's pre-employment medical examination or to request an additional pre-employment medical examination for the purpose of assessing concerns over a person's ability to perform essential job functions or concerns over potential burdens to CTC as a result of proposed accommodations.

HR- B05

Effective 04-01-04

Employment Medical Examination
Page 1 of 1

**Chesapeake Treatment Center
PRE-EMPLOYMENT PHYSICAL EXAMINATION
CONSENT AND RELEASE FORM**

I, _____ [printed name of applicant], do voluntarily consent to a pre-employment medical examination conducted at the request of Chesapeake Treatment Center (CTC). I understand that the offer of employment I have received is conditioned upon the successful completion of the medical examination. In particular, I understand that if I cannot physically perform essential job functions for the position I have been offered without posing a direct threat to the health or safety of myself or others in the workplace, even with reasonable accommodation, I will not be employed. Further, I understand that I may receive a copy of the written medical evaluation of my ability to physically perform essential job functions. Additionally, I will be offered the opportunity to provide additional information in response. I understand that I may ask questions of the examining physician concerning any portion of the medical examination and that I may stop the medical examination at any time. However, if I do not complete the medical examination, I understand that the offer of employment will be withdrawn, and CTC will not have been able to determine whether I can physically perform essential job functions, even with reasonable accommodation. I have had the opportunity to ask a representative of CTC questions about this medical examination, and any questions I had have been completely and satisfactorily answered.

I consent to the release of the results of this medical examination to CTC, as well as consent to the release to CTC of all of my medical records.

I hereby release and forever discharge CTC, _____ [examining physician], and _____ [testing laboratory] from any and all claims arising out of or in connection with the: (1) examination to be conducted by the above-named physician or the above-named laboratory; (2) the results of the examination; and (3) the use of such results.

Signature of Candidate

Signature of Witness

Printed Name

Printed Name

Social Security Number

Date

Date

**CHESAPEAKE TREATMENT CENTER
POLICIES AND PROCEDURES MANUAL**

SECTION: HUMAN RESOURCES (HR)

Policy No.:	HR- B08	Effective Date:	April 1, 2004
Subject:	New Employee Orientation	Reviewed and/or Revised:	August 5, 1993 December 6, 2001 December 26, 2007 November 26, 2010 April 23, 2013
Approved By:	N. Craig Cutter Corporate Director, Human Resources Marc J. Fishman, M.D. Chairperson, Board of Directors		

Policy:

All new Chesapeake Treatment Center (CTC) employees will complete a comprehensive program of general and departmental orientation within 30 days of hire.

New employee orientation is intended to provide all new employees with an overview of CTC that includes its mission and organizational structure, knowledge about procedural and regulatory requirements and an understanding of performance expectations.

Procedure:

- A. General New Hire Orientation is scheduled once a month. Wherever possible, a new employee's start date will closely coincide with a scheduled General Orientation.
- B. General Orientation consists of one to three days of information and training.
 - One day is devoted to organizational, procedural and regulatory subjects and is mandatory for all employees.
 - One day is devoted to training in Behavior Management and is mandatory for all employees providing direct patient care in adolescent facilities.
 - One day is devoted to training in CPR and is mandatory for all direct patient care employees who do not have current CPR certification.
- C. Department Orientation is a required for all employees and is completed during the first thirty days after hire.
- D. General Orientation and Department Orientation checklists are completed by the employee and trainers and are retained in the employee's personnel file.

Attached is a Requirements Checklist that defines general employee documentation and training required prior to hire and at increments during the first year of employment.

**CHESAPEAKE TREATMENT CENTER
POLICIES AND PROCEDURES MANUAL**

SECTION: HUMAN RESOURCES (HR)

Policy No.:	HR- F05	Effective Date:	March 15, 2004
Subject:	Staff Competency Plan	Reviewed and/or Revised:	December 26, 2007 November 26, 2010 April 23, 2013
Approved By:	N. Craig Cutter Corporate Director, Human Resources Marc J. Fishman, M.D. Chairperson, Board of Directors		

Policy:

Chesapeake Treatment Center (CTC) will provide competency development planning and implementation for all employees and it mandates assessment on Core Job Competencies and Age-Specific Competencies.

Procedure:

- A. All employees participate in a competency-based assessment process to determine if they demonstrate and maintain the knowledge and skill appropriate to their position.
- B. Core Competencies are developed for each position at CTC. Core Competencies are based on essential elements of the job and are included as a part of the Job Description / Performance Appraisal / Competency Assessment document.
- C. Age-Specific Competencies are developed for each position at CTC that involves regular patient care and are included as a part of the Job Description / Performance Appraisal / Competency Assessment document.
- D. Assessment on Core Competencies and, if appropriate, Age-Specific Competencies occurs during an employee's Probationary Period as evidence of initial competence and during each annual appraisal to demonstrate continuing / developing competence

Attachment:

Organizational Plan for Staff Competency

CHESAPEAKE TREATMENT CENTER ORGANIZATIONAL PLAN FOR STAFF COMPETENCY

A. Scope, Authority and Responsibility

The Board of Directors of Chesapeake Treatment Center (CTC) authorizes the facility Administrator / Executive Director to ensure the competency of all employed staff, contractual staff and interns/students who provide care and services to patients and their families. The Administrator/Executive Director, in turn, appoints the facility Human Resources Officer, under the direction of the Corporate Human Resources Director, to oversee the implementation and maintenance of this plan. Ensuring competency of staff according to this plan shall be part of the duties and responsibilities of every staff member with supervisory responsibility.

B. Definitions and Areas of Specific Competence

CTC defines staff competency as the successful demonstration by staff of specific skills and/or knowledge relating to their job and the organization. CTC identifies four areas of skills and knowledge.

1. Skills/Knowledge for all Employees

All employees, contractual staff and interns/students are held accountable for knowledge/skills in the following areas:

- Organizational mission
- Performance improvement
- Safe work environment
- Incidents/accidents
- Safety risks and practices
- Security
- Hazardous materials and waste
- Physical plant emergencies
- Behavioral emergencies
- Rights and organizational ethics
- Confidentiality
- Involvement with patients
- Infection control

2. Skills/Knowledge for Professional Staff

- Position-specific competencies developed in areas of clinical practice.
- Patient-specific competencies in the areas of adolescent or adult patients, as appropriate, and mental health.
- Selected staff will be competent in CPR and management of aggressive behavior.

3. Skills/Knowledge for Support Staff

- Position-specific competencies in areas of support service.
- Selected staff will be competent in CPR and management of aggressive behavior.

4. Skills/Knowledge for Management Staff

- Position-specific competencies for leadership positions.
- Managers are held accountable for knowledge/skills in areas such as employee development, managing employee performance, problem-solving and fiscal/budget management.

C. Assessment of Competence

1. Method of Assessment

The skills/knowledge of staff are assessed using one or more of the following methods:

- Supervisor's direct observation
- Review of written documents or records
- Written or verbal references
- Discussion with employees
- Written test

**CHESAPEAKE TREATMENT CENTER
ORGANIZATIONAL PLAN FOR STAFF COMPETENCY**

2. Written Assessment Tools

The assessment of an employee's skills/knowledge is recorded using one or more of the following formats:

- Competency checklists
- Reference check forms
- Primary source verification documents
- Orientation checklists
- Performance reviews
- Employee self-evaluation forms

3. Sequence of Assessment

Skills/knowledge of staff are assessed in the following sequence:

- Hiring Process
 - Screening of application/resume for minimal qualifications
 - Interview
 - Verification of references and credentials
- Initial Orientation
 - General orientation to CTC and the facility
 - Department and job specific orientation
- Three Month Review of performance and competencies based on job description and orientation checklist
- Annual Review
 - Assessment of skills/abilities
 - Performance review
- Ongoing Supervision/Competency review

4. Data Aggregation and Reporting

The various written assessment tools are aggregated by department and reviewed for trends of variance or deficiency. Aggregation occurs on an annual basis. Any identified trends are addressed in the context of staff education/training, performance improvement and/or policy and procedure revision. Aggregation and analysis is coordinated by the Director of Human Resources in cooperation with each department and is reviewed by Senior Management.

An Annual Report on Employee Performance and Competency is prepared by the Director of Human Resources for review by Senior Management and submission to the Board of Directors. This report summarizes the year's performance and competency statistics and trends, as well as related staff education/training, performance improvement and policy and procedure revision efforts.

5. Training and Development

When competency review reveals a lack of skill/knowledge in a certain area for an individual, the supervisor will initiate coaching/training in that area. When aggregate trends are identified, the Director of Human Resources and the department head will plan training or other departmental interventions.

APPROVED: N Craig Cutter
Corporate Director,
Human Resources

04/23/13
Date

Marc Fishman
Chairperson
Board of Directors

04/23/13
Date

2016 – ORIENTATION / ANNUAL TRAINING CALENDAR -- 2016
Mountain Manor Baltimore & Chesapeake Treatment Center

Month	Facility	Orientation	Annual Training	CPI	CPR	PREA
January	Baltimore	12 th	14 th	23 rd	19 th – 9:30 – 12:30	
	CTC	19 th		21 st		
February	Baltimore	9 th	11 th	20 th		
	CTC	16 th		18 th		
March	Baltimore	8 th	10 th	26 th	15 th – 1:00 – 4:00 PM	
	CTC	15 th		17 th		
April	Baltimore	12 th	14 th	23 rd		
	CTC	19 th		21 st		
May	Baltimore	10 th	12 th	21 st	24 th – 9:30 – 12:30	
	CTC	17 th		19 th		
June	Baltimore	14 th	16 th	25 th		
	CTC	21 st		23 rd		
July	Baltimore	12 th	14 th	23 rd	26 th – 1:00 -- 4:00 PM	
	CTC	19 th		21 st		
August	Baltimore	9 th	11 th	20 th		
	CTC	16 th		18 th		
September	Baltimore	13 th	15 th	24 th	20 th – 9:30 – 12:30	
	CTC	20 th		22 nd		
October	Baltimore	11 th	13 th	29 th		
	CTC	18 th		20 th		
November	Baltimore	8 th	10 th	26 th	15 th – 1:00 – 4:00 PM	
	CTC	15 th		17 th		
December	Baltimore	13 th	15 th	17 th	6 th – 9:30 – 12:30	
	CTC	20 th		22 nd		

Note: CTC does a combination Orientation / Annual Training.

**Chesapeake Treatment Centers, Inc.
New Directions Program**

POLICIES AND PROCEDURES MANUAL

SECTION: ETHICS, RIGHTS AND RESPONSIBILITIES

Policy No.	RI-2	Effective Date:	9/22/06
Subject:	Patient Rights/Responsibilities	Reviewed:	10/07
Page:	1 of 4	Revised:	8/09

PURPOSE:

To ensure that each patient and parent or legal guardian and staff person has a clear understanding of rights and responsibilities of patients at New Directions, and to assure respect for these rights.

POLICY

In recognition of the fact that admission to a psychiatric residential facility does not and should not necessarily lead to persons having their rights abridged or taken away, New Directions Program takes every reasonable measure to treat and care for patients in ways that enhance the patient's dignity and protects their civil, constitutional, statutory and human rights. The policies and procedures of the Program have been developed with this in mind. The clinical staff, Administration and Board of Directors further recognizes that in order for treatment and care to be effective, both the Program and the patient must develop a partnership wherein the patient and treatment team work together toward this common goal, with each party respecting the rights and responsibilities of the other party.

The New Directions Program affirms that all activities are to be conducted with an overriding concern for the patient and recognition of his dignity as a human being. This statement of patient rights is intended to serve as a statement of an overall goal of the Program and should not be viewed as a complete representation of all patient rights.

PROCEDURE:

1. Upon admission, "Notification of Patient Admission Status and Rights" (DHMH For#33 attachment A) will be provided and explained to the parent/legal guardian in a language that can be understood. Signature by the parent/legal guardian will be obtained attesting to their understanding of the admission status and rights of the patient.
2. A copy of the Patient's Bill of Rights (attachment B) will be reviewed with the patient and signature obtained acknowledging patient review and receipt of the Patient Bill of Rights. A refusal by the patient will not prevent the patient from being admitted.
3. A copy of the Patient's Bill of Rights is posted on bulletin boards on the unit. If patient refuses to sign the Bill of Rights, the staff person shall be responsible to make a notation on the chart copy indicating the reason for refusal, date, time and signature of the staff person. The unsigned Patient's Bill of Rights document will be placed in the patient's clinical record.

THE RIGHTS OF PATIENTS AT NEW DIRECTIONS PROGRAM:

It shall be a policy of Chesapeake Treatment Center that all staff members shall support and protect the fundamental human, civil, constitutional, and statutory rights of each patient. Further, each patient shall be informed of his rights in a language the patient understands and will receive a written statement of the "Patients Rights & Responsibilities".

- I. Regardless of race, religion, sex, ethnicity, age or handicap, each patient has the following rights:
 - A. The most appropriate medical/mental/health educational treatment available, and to be treated with dignity and respect.
 - B. The patient has the right to receive adequate and humane individualized treatment, to be placed in the least restrictive environment, and to actively participate in planning for treatment. The responsible parent(s) or guardian has the right and is encouraged to participate in treatment planning. The patient has the right to be free from seclusion and restraints of any form that are imposed as means of coercion discipline, convenience or retaliation by staff.
 - C. The patient has the right to have an individual treatment plan that will follow the individual treatment plan policy.
 - D. The patient has the right to receive visitors from his immediate family and other significant persons in privacy, regardless of the visitor's age.
 - E. The patient has the right to conduct private telephone conversations with family and friends and to receive and send unopened packages. The professional staff will search all with patient present. This does not include telephone calls during leisure time based upon the level system.
 - F. If the responsible mental health team places restrictions on visitation, telephone calls, or other communications for therapeutic reasons, those restrictions shall be evaluated for continuing therapeutic effectiveness at least every seven days. Patient and family will be informed of the restriction, rationale, and concerns that will be weighed in the seven day evaluation.
 - G. The patient and parent(s) or guardian will be fully informed as to what clinical staff are responsible for the patient's care, their professional status, and staff relationship.
 - H. The patient will be informed of treatment modalities to be used, alternative treatment available, and possible risks, side effects, and benefits of medications and treatment procedures.
 - I. The patient has the right, to the extent permitted by law, to refuse specific medications or treatment procedures, and to be informed of the implications of the refusal. A voluntary placement has the right to leave the facility against medical advice to the extent permitted by law. It is the facility's responsibility, when the patient or responsible adult refuses treatment, to seek appropriate legal or treatment alternatives or orders of involuntary treatment, or, where appropriate, to terminate the patient from the program.
 - J. Any cost involved in the program will be explained to the patient and parent(s) or guardian. Services may not be denied on the basis of inability to pay. The source of the program's funding and any limitations placed on the duration of services are to be explained.

- K. The patient will be informed of any proposed changes and reasons for change in the clinical staff responsible for him or any transfer within or outside the facility.
- L. The patient and parent(s) or guardian will be advised of the facility's training program.
- M. The patient has the right to know what rules and regulations apply to his conduct, and will be advised of these rules.
- N. The patient and parent(s) or guardian(s) have the right to initiate a complaint or grievance procedure and to be informed of means to make such grievances.
- O. Each patient and his parent(s) or guardian(s) will be given written, dated, and signed informed consent to the following:
1. Voluntary admission to the program.
 2. The release of confidential information.
 3. The use of audiovisual equipment, one-way mirrors, tape recorders, videotape machines, or other special observation and audiovisual techniques prior to their use.
 4. Participation in any research project; the patient and/or parent(s) or legal guardian(s) have the right to refuse participation in research projects without repercussion.
 5. Elective transfer to another facility.
 6. Aftercare plans to meet continuing mental and physical health requirements.
- P. Surgical procedures and electro-convulsive therapy will not be used.
- Q. The confidentiality of communications between patients and agency staff is regarded as privileged. The patient and parent(s) have the right to confidentiality regarding release of such information to persons or agencies outside of the Chesapeake Treatment Center and must sign and date a written informed consent prior to the release of such information. Exceptions are made when the patient is an imminent danger to himself or the community, and then only to those who need to know. Staff are guided and educated in the principles of confidentiality and privacy. Information shared among various staff working with the patient does not violate confidentiality.
- R. A patient will be allowed to work at the facility only if the work is part of the individual treatment plan, the work is performed voluntarily with full consent of the patient, the patient receives rewards commensurate with the economic value of work, and the work is in accordance with local, state, and federal laws and regulations.

Patient Signature

Date

Witness

Date

II. Patient's Responsibilities:

I understand that I have certain responsibilities in connection with my treatment. I have received information as to the rules and regulations governing the program to which I have been assigned and I agree to follow the program outline, even if I must forego certain rights such as limitations on use of telephones, receiving visitors, travel outside of the facility, etc. Additionally, I agree to:

- A. Function within the rules and regulations of the facility as made known to me.
- B. Respect the rights and property of other patients and those of the staff, so far as my abilities will permit.
- C. Participate in my treatment planning so far as my abilities permit.
- D. Provide adequate physical care (e.g. grooming, bathing, dressing) for myself as far as my abilities permit.
- E. Carry out such normal housekeeping tasks as would be appropriate, if living at home such as bed making, bedroom, bathroom/toilet, living area and clothing maintenance.
- F. Restraint from sexual activity of any kind with another patient.
- G. Participate in my treatment program to the best of my ability.

I, undersigned, have read and understand the Patient's Rights/Responsibilities as noted above.

Signature of Staff Member

Date

Signature of Patient

Date

**Chesapeake Treatment Centers, Inc.
New Directions Program**

POLICIES AND PROCEDURES MANUAL

SECTION: ETHICS, RIGHTS, AND RESPONSIBILITIES

Policy No.	RI-1	Effective Date:	9/22/06
Subject:	Patient Grievances for Patients in DJS Custody	Reviewed:	10/07
Page:	1 of 5	Revised:	

PURPOSE:

To ensure that all DJS patient grievances are heard by an objective party and resolved in a timely and appropriate manner.

POLICY:

It shall be the policy of this facility that the DJS Child Advocacy Grievance Policy and Procedure be followed.

PROCEDURE:

A. Definitions

1. *Area Director* means the DJS staff classified as such and assigned to manage a large geographic area of the DJS Community Justice Operations.
2. *Child Advocate* means an individual who works on behalf of youth under the DJS jurisdiction to ensure youth needs are met and their rights upheld throughout DJS operations.
3. *Community Justice Case Manager* means the Juvenile Counselor or other staff assigned to perform overall case management responsibilities for youth under DJS jurisdiction.
4. *Complaint* means an individual's expression of dissatisfaction with any area of activity under DJS authority.
5. *Grievance* means an individual's formal filing of a complaint due to a circumstance or action considered to be unjust. A grievance includes, but is not limited to, an alleged act of staff or youth abuse, an act of neglect, inappropriate discipline, and failure to provide a required program or service.
6. *Program* means a residential or non-residential facility or activity operated by the DJS or a private or public vendor that is directly involved with the care and treatment of youth under DJS jurisdiction, or a facility or activity licenses and/or certified by DJS.
7. *Program Case Manager* means a program employee with primary responsibility for ensuring DJS youth receive all appropriate evaluations and services necessary to meet a youth's needs while in residential placement.
8. *Program Manager* means a program's staff with primary with on-site management responsibility for a program providing care, supervision, or treatment of youth under DJS jurisdiction.
9. *Secretary* means the DJS Secretary/Designee.
10. *Working Day* means every day excluding Saturday, Sunday and State holidays.
11. *Youth* means an individual who is under the jurisdiction of DJS.

B. Grievance Process

1. Program Staff Responsibilities

- a) Program staff shall understand Child Advocacy Grievance Procedure and be able to answer a youth's questions regarding any aspect of the process.
- b) Program staff shall advise and help youth start the Child Advocacy Grievance Process when youth request to file a grievance.
- c) Program staff shall report allegations according to the Department's policies 01.01.13 (Reporting Child Abuse and Neglect) and SD E-01.01 (Emergency and Critical Incident Reporting) and where applicable, State law.
- d) Program staff shall never inhibit a youth from pursuing the Child Advocacy Grievance Procedure, or retaliate against a youth for filing a formal grievance.
- e) Patient shall be provided with grievance forms to use when they elect to file a grievance. A secure location to place the completed forms in a locked box.
- f) Program managers shall require appropriate program staff to explain the Child Advocacy Grievance Procedures to all youth program orientation and require the appropriate Community Justice Case Manager to explain the procedure during the initial orientation to supervision.
- g) Program manager shall establish internal written grievance procedures according to this policy and require the proper management and accounting of a complaint involving DJS youth.

2. The DJS Child Advocate

- a) A DJS Child Advocate shall function as the youth's non-legal representative whenever a youth files a grievance, or when the advocate is aware of situations that present possible harm to DJS youth.
- b) A DJS Child Advocate shall interview youth or other individuals who file a grievance and assess the exact nature of a complaint.
- c) A DJS Child Advocate shall help a youth or other individual initiate the five-step grievance procedures and file the proper forms when youth expresses a desire to file a grievance. When a DJS Child Advocate decides a complaint is less serious in nature, they shall resolve a complaint or problem informally. However, an individual shall always have a right to file a formal grievance.
- d) A Child Advocate overseeing a formal grievance may transfer the case to a Child Advocate assigned to the location where a youth is transferred or released, if a program has not resolved a youth's initial grievance before their transfer or release.
- e) A Child Advocate shall require a Program Manager to maintain adequate supply of grievance forms at each program location.
- f) A Child Advocate shall record and maintain grievance documentation using Forms DJS-00-05 (attached). These reports shall include the complaint and a summary of evidence presented to the Child Advocate about the complaint. In preparing the report, the Child Advocate shall record possible violations of law, regulation, DJS standard, or policy and report allegations/incidents according to DJS policy 01.01.13 (Reporting Child Abuse and Neglect) and SD E-01-01 (Emergency and Critical Incident Reporting).
- g) If a Child Advocate witnesses inappropriate or illegal actions on the part of a staff member, a Child Advocate shall submit a written report of such action to the Assistant Director of Investigations and Child Advocacy Unit, to the appropriate Program Manager and as required by DJS policy 01.01.13 (Reporting Child Abuse and Neglect) and SD E-01-01 (Emergency and Critical Incident Reporting).

3. Formal Grievance Steps

a) Step 1 – Initiation of a Grievance

- 1) An individual may initiate a grievance at any time by contacting a Child Advocate or requesting that a Community Justice Case Manager or Program staff contact a Child Advocate as soon as possible.
- 2) A Program Staff or a Community Justice Case Manager shall contact a Child Advocate of a grievance request no later than the beginning of the Child Advocate's next working day and shall provide a grievance form to a youth or other individual immediately upon request.

b) Step 2 – Youth Interview

- 1) The Child Advocate shall meet with a youth as soon as possible when notified that a youth expresses desire to initiate a grievance, obtain the facts and seek prompt resolution.

c) Step 3 – Child Advocate Investigation and Mediation

- 1) When a Child Advocate is unsuccessful at resolving a grievance at Step 2, they shall contact all involved parties within five (5) working days of meeting with youth, investigate the facts and attempt to mediate a positive resolution to the grievance.
- 2) If this attempt is unsuccessful, a Child Advocate shall send written notice of the need to hold a Step 4 Conference to the appropriate Program Manager.

d) Step 4 – Conference with all Parties

- 1) The appropriate Program Manager shall hold a Step 4 Conference with all involved parties within three (3) working days of receiving from a Child Advocate's written notice of the need to hold a Step 4 Conference.
- 2) A Child Advocate shall coordinate the scheduling of the conference and notify all appropriate persons of the meeting date, time and location. When a youth is still under the Department's jurisdiction, but released or transferred to another location, a Child Advocate shall ensure the conference is scheduled in a location that provides convenient access for the youth to attend.
- 3) The appropriate Program Manager shall render a written decision within three (3) working days of holding the conference and notify all appropriate parties of their decision and right of appeal to the Assistant Secretary/Designee of Residential Services for facility grievances or the appropriate Area Director for community-based grievances.

e) Step 5 – Appeal to the Assistant Secretary/Designee for Residential Services or appropriate Area Director

- 1) The Child Advocate shall forward the residential grievance directly to the Assistant Secretary/Designee of Residential Services, or to the appropriate Area Director/Designee for review an decision if the Program Manager fails to hold the conference within three (3) working days, a grievance is filed against the Program Manager, or a youth, or their parent/guardian files a written appeal of the Program Manager's Step 4 decision.
- 2) The Assistant Secretary/Designee of Residential Services or appropriate Area Director/Designee shall hold the conference with the appropriate parties within five

(5) working days of receiving notification from the Child Advocate, determine the facts and notify all parties of their decision on the case and right of appeal to the DJS Secretary/Designee.

f) Step 6 – Appeal to the Department Of Juvenile Services Secretary/Designee

- 1) The Child Advocate shall submit the case in writing to the DJS Secretary/Designee within three (3) working days upon receiving a written appeal of the Assistant Secretary/Designee or Area Director/Designee's decision.
- 2) The DJS Secretary/Designee shall, within ten (10) working days of receiving the initial appeal, conduct a review of the documentation submitted by a Child Advocate and any additional information deemed appropriate, render a decision and notify all parties of the Department's final decision on all appeals. Notification shall include, but not limited to, the youth and their parent/guardian, Child Advocate, Assistant Secretary, Area Director and the Governor's Office for Children, Youth, and Families, Office of Independent Juvenile Justice Monitor.

g) Record Documentation

- 1) Programs shall use the DJS-00-05 form to document all grievances
- 2) Programs shall maintain file documentation and records of grievances involving DJS youth in a manner that provides confidentiality and security.
- 3) Programs shall keep completed copies of the DJS-00-06 form within the youth's case file and make said files available to the DJS upon request.
- 4) Programs shall maintain a master roster of all complaints and grievances filed to include, but not limited to: Person filing a grievance, DJS involved youth, types of grievances, date filed, date resolved, and highest step used to resolve the grievance.
- 5) The Department's Child Advocacy Unit shall maintain a database of all grievances and appeals filed and include the final disposition on each case. The database must also include information of all individuals copied on appeals including, but not limited to those forwarded to the Independent Juvenile Justice Monitors at the Governor's Office for Children, Youth and Families.

h) Legal Representation

- 1) A youth may seek legal counsel at any stage of the grievance procedure.
- 2) The Department of Juvenile Services shall not provide an attorney for the youth.
- 3) If a youth retains an attorney, the Child Advocate shall no longer represent the youth in the grievance.

i) Additional Provisions

- 1) This policy does not modify the legal rights of a youth or the youth's access to a court.
- 2) The grievance procedure may not:
 - i. Offer an administrative hearing

- ii. Be governed by the contested case provisions of State Government Article, Annotated Code of Maryland; or
- iii. Include decisions made through the Department of Juvenile Services Disciplinary Appeals Process.

**CHESAPEAKE TREATMENT CENTER
POLICIES AND PROCEDURES MANUAL**

SECTION: HUMAN RESOURCES (HR)

Policy No.:	HR- B09	Effective Date:	April 1, 2004
Subject:	Registration, Licensure, Certification	Reviewed and/or Revised:	December 26, 2007 November 26, 2010 April 23, 2013
Approved By:	N. Craig Cutter Corporate Director, Human Resources Marc J. Fishman, M.D. Chairperson, Board of Directors		

Policy:

All employees for whom professional registration, licensure or certification is a job requirement must continually maintain such registration, licensure or certification and must ensure that a current copy is on file in Human Resources.

Procedure:

- A. Applicants for positions requiring professional registration, licensure or certification are required to provide copies of such registration, licensure or certification prior to or during the interview process.
- B. Offers of initial employment are conditional on receipt of and primary source verification of required registration, licensure or certification.
- C. It is the responsibility of the employee to maintain any required registration, licensure or certification as active and valid in Maryland during the course of his/her employment with Chesapeake Treatment Center.
- D. It is the responsibility of the employee to ensure that a current copy of any required registration, licensure or certification is on file in Human Resources at all times.
- E. Failure of an employee to comply with C and D above may result in suspension without pay or termination.
- F. An employee must immediately inform his/her department head if required registration, licensure or certification has expired, been revoked, suspended or otherwise been rendered invalid.
- G. Human Resources will maintain a current database containing registration, licensure and certification information for all active employees. The Corporate Director routinely reports at Operations and Organization Performance Improvement Committee meetings on the status of registration, licensure and certification.

**CHESAPEAKE TREATMENT CENTER
POLICIES AND PROCEDURES MANUAL**

SECTION: HUMAN RESOURCES (HR)

Policy No.:	HR- B11	Effective Date:	April 1, 2004
Subject:	Pre-Employment Drug Testing	Reviewed and/or Revised:	July 1, 2003 December 26, 2007 November 26, 2010 April 23, 2013
Approved By:	N. Craig Cutter Corporate Director, Human Resources Marc J. Fishman, M.D. Chairperson, Board of Directors		

Policy:

Applicants who are deemed to be the most qualified for vacant positions at Chesapeake Treatment Center (CTC) will submit to pre-employment drug testing as a regular and required part of the selection process.

Purpose:

CTC believes the abuse of drugs or alcohol prevents individuals from carrying out the duties and responsibilities of their jobs to the best of their ability and may constitute a direct threat to the safety and property of themselves, patients, visitors and other staff. Therefore, CTC is committed to identifying those individuals who may experience impaired performance through the use of pre-employment drug screening as a regular step in the selection process.

Definition:

The term "drug" includes intoxicants, drugs not used in accordance with a valid prescription, hallucinogenics, inhalants, marijuana or other non-prescribed controlled substances, over-the-counter medication and prescription medication. Over-the-counter medications are excluded if taken as medically directed, and prescription medications are excluded if used in accordance with a valid prescription.

Procedure:

- A. All applicants will be given a copy of this policy and will be informed that drug testing is part of the pre-employment selection process. Applicants will also be informed that a confirmed positive test will preclude hiring, nullify any offer of employment and cause the application to be placed in an inactive file.
- B. Prior to being tested, candidates will be informed that they are being tested for substance usage.
- C. All candidates who are to be screened must submit a specimen for drug testing. Those candidates who arouse reasonable suspicion that they are impaired or under the influence of alcohol, based upon specific, personal, articulable observations concerning their appearance, behavior, speech or body odors, will be required to submit a specimen for alcohol testing.
- D. Candidates will be informed that a confirmed positive test will preclude hiring, nullify any offer of employment and cause their application to be placed in an inactive file.
- E. Candidates will be advised they may decline the testing which will also preclude hiring, nullify any offer of employment and cause their application to be placed in an inactive file.

HR- B11

Effective 04-01-04

Pre-Employment Drug Testing
Page 1 of 2

- F. Candidates will sign a Screening Authorization Form (attached) prior to testing, acknowledging receipt of this policy and consenting to the testing.
- G. The testing will be conducted by a laboratory holding National Institute on Drug Abuse (NIDA) certification and holding current state licensure. Initial screening will be conducted using the Enzyme Multiplied Immunoassay Technique (EMIT). Positive results will be confirmed using Gas Chromatography-Mass Spectroscopy (GC-MS) or Thin Layer Chromatography (TLC).
- H. If the specimen tests positive on the confirming step (GC-MS or TLC), the candidate will be informed of his/her right to choose an independent, licensed and certified laboratory at which a third test will be completed from the original specimen at the candidate's cost. If the candidate does not choose to utilize this step, or if the test result from this laboratory is positive, his/her candidacy will no longer be considered viable.
- I. Test results will be disclosed only for business purposes and, for candidates hired, will be kept separate and apart from the Personnel File.
- J. The facility Human Resources Officer will be responsible for monitoring test procedures, securing all test results and applicant-provided information, obtaining all test results, giving the applicant statutorily required notices, informing the Directors of the hiring decisions with no explanation of the results in this regard and acting as Custodian of the records.

Attachment

Screening Authorization Form

CHESAPEAKE TREATMENT CENTER

Pre-Employment Drug Testing

SCREENING AUTHORIZATION FORM

I have received a copy of the Chesapeake Treatment Center policy titled Pre-Employment Drug Testing. I have read this policy, and I understand that applicants who are deemed to be the most qualified for vacant positions at CTC will be tested as a regular and required part of the selection process.

I agree to submit to pre-employment drug testing as required.

Applicant's Printed Name _____

Applicant Signature _____ Date _____

**CHESAPEAKE TREATMENT CENTER
POLICIES AND PROCEDURES MANUAL**

SECTION: HUMAN RESOURCES (HR)

Policy No.:	HR-B18	Effective Date:	March 2, 2009
Subject:	Medical Staff Credentialing	Reviewed and/or Revised:	November 26, 2010 April 23, 2013
Approved By:	N. Craig Cutter Corporate Director, Human Resources		
	Marc J. Fishman, M.D. Chairperson, Board of Directors		

Policy

Licensed independent practitioners will be responsible for diagnosis, medical care and treatment delivered at Chesapeake Treatment Center (CTC). In order to ensure that the care and treatment of CTC patients is provided by qualified and fully licensed/certified individuals, all independent practitioners who are licensed and provide routine services to CTC patients must complete a credentialing process.

Procedure

In order to treat CTC patients, a practitioner – physician, psychologist, nurse practitioner or physician assistant – must be granted clinical privileges as a member of the Medical Staff of Maryland Treatment Centers, Inc (MTC).

The MTC Clinical Responsibilities Plan describes the procedures for obtaining clinical responsibilities, as well as terms of appointment and reappointment, privilege delineation and peer review. The MTC Rules and Regulations for Medical Staff and LIPs provides clinical practice guidelines. Both documents are appended to this policy.

**CHESAPEAKE TREATMENT CENTER
POLICIES AND PROCEDURES MANUAL**

SECTION: HUMAN RESOURCES (HR)

Policy No.:	HR- B20	Effective Date:	April 18, 2012 April 23, 2013
Subject:	Periodic Review of Staff Credentials	Reviewed and/or Revised:	
Approved By:	N. Craig Cutter Corporate Director, Human Resources		
	Marc J. Fishman, M.D. Chairperson, Board of Directors		

Policy:

Chesapeake Treatment Center (CTC) will review individual credentials for staff members on a periodic basis as indicated by regulatory or job requirements.

Procedure:

- A. There is an annual criminal background review for each staff member. Based on program requirements, this review is either a criminal background check completed by a consumer reporting agency and reviewed by the Administrator or a Sworn Statement of Affirmation signed by the staff member.
- B. There is an annual check of the DHHS-A-OIG Exclusions Database to confirm that each staff member is eligible to work in programs receiving federal reimbursement.
- C. For any staff member whose position requires a Maryland professional license or certification, a copy is required at the time of renewal if provided by the licensing agency, and primary source verification is completed by Human Resources.
- D. At the time of renewal of a Maryland professional license or certification, a check of the DHHS-A-OIG Exclusions Database to confirm that the staff member is eligible to work in programs receiving federal reimbursement.
- E. There is an annual review of each staff member's tuberculosis status – either a current tuberculin skin test (PPD) or a completed Previous History of Positive PPD questionnaire.
- F. Where required, verification of current CPR / First Aid certification.
- G. Where required, verification of current CPI certification.
- H. For all staff members required or authorized to drive CTC vehicles, a driving record completed annually by a consumer reporting agency is reviewed for acceptability.

**CHESAPEAKE TREATMENT CENTER
POLICIES AND PROCEDURES MANUAL**

SECTION: HUMAN RESOURCES (HR)

Policy No.:	HR- B16	Effective Date:	July 20, 2004
Subject:	Hiring Recovering Persons	Reviewed and/or Revised:	December 26, 2007 November 26, 2010 April 23, 2013
Approved By:	N. Craig Cutter Corporate Director, Human Resources		
	Marc J. Fishman, M.D. Chairperson, Board of Directors		

Policy

Applicants for positions with Chesapeake Treatment Center (CTC) who are in stable recovery from substance abuse as defined in this policy will be eligible for hire if they meet all other qualifications and requirements for available positions.

Procedure

- A. An applicant for a position involving direct patient care or administration who is in recovery must demonstrate at least two (2) years of continuous sobriety immediately prior to the application / hiring process.
- B. An applicant for a position in a service area such as dietary, environmental services and transportation who is in recovery must demonstrate at least one (1) year of continuous sobriety immediately prior to the application / hiring process.
- C. At the discretion of the Administrator and in order to verify the stability of recovery, the applicant may be asked to provide specific information concerning his/her recovery and may be asked to provide the Administrator or designee with access to persons familiar with his/her aftercare plan.

Attachment: Employee Acknowledgement of the Hiring Recovering Persons Policy

CHESAPEAKE TREATMENT CENTER

Employee Acknowledgement of the Hiring Recovering Persons Policy

I have received a copy of the Chesapeake Treatment Center policy titled Hiring Recovering Persons. I have read this policy, and I agree to abide by its provisions.

Employee's Printed Name _____

Employee Signature _____ Date _____

Human Resources Signature _____ Date _____

**CHESAPEAKE TREATMENT CENTER
POLICIES AND PROCEDURES MANUAL**

SECTION: HUMAN RESOURCES (HR)

Policy No.:	HR- G12	Effective Date:	April 1, 2004
Subject:	Staff Rights -- Accommodation of Religious Beliefs and Cultural Values	Reviewed and/or Revised:	January 3, 2002 December 26, 2007 November 26, 2010 April 23, 2013
Approved By:	N. Craig Cutter Corporate Director, Human Resources Marc J. Fishman, M.D. Chairperson, Board of Directors		

Policy:

Chesapeake Treatment Center (CTC) will attempt to accommodate the religious beliefs and cultural values of our employees that would be in conflict with a specific clinical intervention.

Procedure:

- A. The types of clinical interventions typically required of persons in particular positions at CTC (i.e., four-point patient restraint) will be explained during the interview process in order to provide prospective employees with the opportunity to evaluate job requirements in the context of their personal beliefs.
- B. During orientation, employees will be advised of their rights under this policy and directed to immediately discuss any potential conflicts with their supervisor.
- C. In the event that an unexpected conflict occurs, the employee may present a written request for an accommodation to his/her supervisor. The supervisor will review the request with appropriate senior staff in order to determine if an accommodation can be made without undue hardship on CTC and the delivery of care. The supervisor will discuss the decision with the employee.
- D. Requests for accommodation under this policy will be acted on as expeditiously as possible. If alternative coverage by qualified staff can reasonably be provided, there will be a temporary accommodation while the formal request is under review.
- E. If it is determined that a request for accommodation will be denied, the employee will be informed of the decision and will be expected to provide care, including the clinical intervention in question. At the request of the employee, he/she will be considered for other available positions for which he/she is qualified.
- F. An employee who believes an accommodation has been unreasonably withheld may appeal directly to the facility Administrator whose decision will be final.
- G. When a requested accommodation is made, patient care will not be compromised. The supervisor will make alternative coverage arrangements with qualified staff to ensure continuity of care.

**CHESAPEAKE TREATMENT CENTER
POLICIES AND PROCEDURES MANUAL**

SECTION: HUMAN RESOURCES (HR)

Policy No.:	HR- G13	Effective Date:	April 1, 2004
Subject:	Problem Solving Procedure	Reviewed and/or Revised:	August 5, 1993 December 26, 2007 November 26, 2010 April 23, 2013
Approved By:	N. Craig Cutter Corporate Director, Human Resources Marc J. Fishman, M.D. Chairperson, Board of Directors		

Policy:

It is the policy of Chesapeake Treatment Center (CTC) to provide an effective way for employees to bring problems concerning their well-being at work to the attention of management.

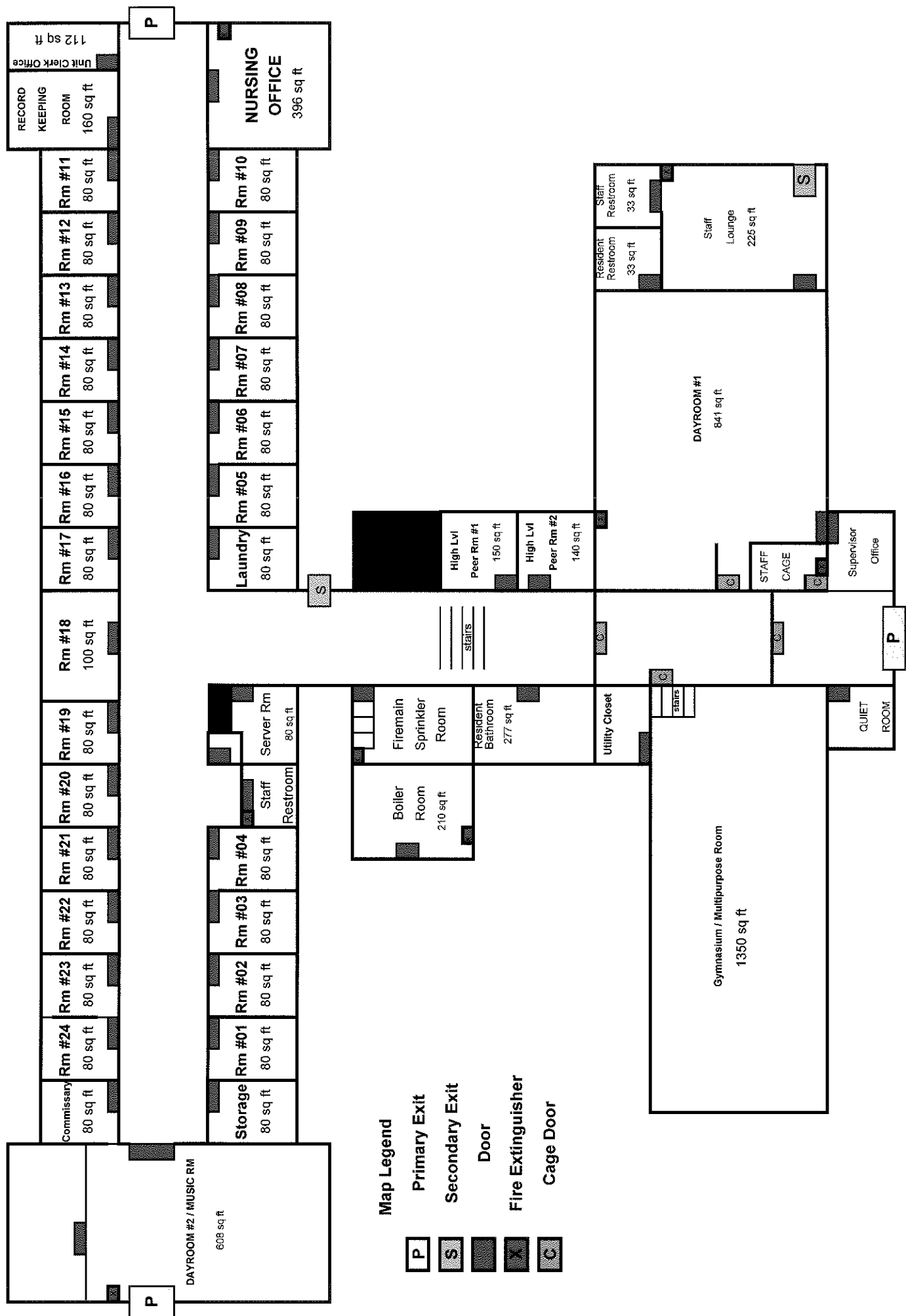
Procedure:

- A. When an employee feels that he/she has been aggrieved or discriminated against in any action by CTC, the employee should discuss the issue with his/her immediate supervisor.
- B. If discussion with the supervisor does not result in a resolution of the issue, or if the employee does not feel discussion with his/her supervisor would be appropriate, the employee should contact his/her department head.
- C. If the issue is not resolved as a result of discussion with the department head, the employee may file a written request for a hearing before the Administrator.
- D. The Administrator, at his/her discretion, may confer with the Board of Directors or may refer the matter to the Board for consideration. The decision of the Administrator, or of the Board of Directors if the matter is referred, is final.
- E. A hearing by the Administrator should occur within seven working days of receipt of the written request, and the Administrator's decision should follow within seven working days of the hearing.
- F. If the Administrator elects to refer the matter to the Board of Directors, such referral should occur within seven working days after receipt of the written request. Review and consideration by the Board should be expeditious based on the Board meeting schedule.

Attachment B
Main Building Plan

Attachment C
Dining Hall Building Plan

Chesapeake Treatment Center - Square Footage Chart



Main Building

Attachment D
Letter from DJS



MARYLAND
Department of
Juvenile Services

Successful Youth • Strong Leaders • Safer Communities

One Center Plaza
120 West Fayette Street
Baltimore, MD 21201

Boyd K. Rutherford
Lt. Governor

Larry Hogan
Governor

Sam Abed
Secretary

February 2, 2016

Kevin McDonald
Chief, Certificate of Need
Maryland Health Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

RE: Certificate of Need Application
Chesapeake Treatment Centers, Inc.
Matter No. 15-24-2371

Dear Mr. McDonald:

Chesapeake Treatment Centers (Chesapeake) has filed a CON application to reallocate eight (8) of its existing twenty-nine (29) Residential Treatment Center (RTC) beds for adjudicated sex offenders, located on the grounds of the DJS Charles H. Hickey, Jr. School, to a new program intended to serve older youth who cannot currently be placed in other Maryland based RTCs.

Specifically, Chesapeake is proposing a program which would serve "older youth ages 18 through 20 referred directly and exclusively by DJS. The patients will be those for whom clinically suitable services are not available in another Maryland RTC." Chesapeake's New Directions program is certified as a Psychiatric Residential Treatment Facility (PRTF) which participates in the Maryland Medicaid Program and its facility on the grounds of the Hickey School is hardware-secure.

DJS supports Chesapeake's application and believes that there is an unmet need in Maryland for the services it is proposing. Within the current DJS committed population, the department has an average daily population of eight male youth placed in out-of-state RTCs because of a lack of suitable facilities in Maryland. Of these youth, five are placed in PRTFs (RTCs) that accept Maryland Medicaid. Most of the male youth placed in out-of-state PRTFs would be suitable for placement at Chesapeake's proposed program.

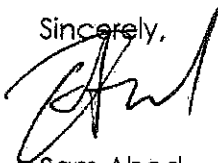
We believe that, programmatically and clinically, New Directions can successfully serve this population, along with the current clientele. Youth would receive the intensive care they need while keeping them closer to family and their DJS Case Managers for active involvement in ongoing treatment, minimizing the expense and protecting the public at large.

Certificate of Need Application - Chesapeake Treatment Center
February 2, 2016
Page 2

I would like to encourage the Commission to act favorably on Chesapeake's application.

Thank you in advance for your assistance in this matter. If DJS can provide you with any additional information, please let me know.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sam Abed', written over the word 'Sincerely,'.

Sam Abed
Secretary

c: Michael Ito, Psy.D.
Van T Mitchell, Secretary
Department of Health and Mental Hygiene
Mark Fishman, M.D., Medical Director
Maryland Treatment Center d.b.a. Mountain Manor
File



Table L
Work Force Information

INSTRUCTION: List the facility's existing staffing and changes required by this project. Include all major job categories under each heading provided in the table. The number of Full Time Equivalents (FTEs) should be calculated on the basis of 2,000 paid hours per year. equals one FTE. In an attachment to the application, explain any factor used in converting paid hours to worked hours. Please ensure that the projections in this table are consistent with expenses provided in unfinanced projections in Tables c and j. See additional instruction in the table to the right of the table.

Job Category	CURRENT ENTIRE FACILITY			PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS) *		
	Current Year FTEs	Average Salary per FTE	Current Year Total Cost	FTEs	Average Salary per FTE	Total Cost (should be consistent with projections in Table J)	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table G)	
1. Regular Employees												
Administration (List general categories, add rows if needed)	1.0	\$111,798	\$111,798	0.0	\$121,298	\$0	\$0	\$0	\$0	1.0	\$121,298	
Receptionist	0.5	\$24,960	\$12,480	0.0	\$27,092	\$0	\$0	\$0	\$0	0.5	\$13,541	
Administrative Assistant	1.0	\$39,000	\$39,000	0.0	\$39,000	\$0	\$0	\$0	\$0	1.0	\$39,000	
Business Office	0.5	\$39,000	\$39,500	0.8	\$38,418	\$31,135	\$0	\$0	\$0	1.3	\$98,345	
Total Administration												
Direct Care Staff (List general categories, add rows if needed)	1.0	\$82,600	\$82,600	0.0	\$98,785	\$16,235	\$0	\$0	\$0	1.0	\$98,785	
Clinical Nurse	0.7	\$190,428	\$136,800	0.4	\$94,162	\$74,000	\$0	\$0	\$0	1.1	\$213,900	
Psychiatric/Medical Director	4.2	\$54,343	\$228,241	3.0	\$13,192	\$70,458	\$0	\$0	\$0	4.2	\$239,170	
Nursing	18.2	\$65,997	\$1,201,145	4.2	\$13,192	\$70,458	\$0	\$0	\$0	22.4	\$1,471,953	
Mental Health Technicians	1.0	\$43,690	\$43,690	1.0	\$41,376	\$59,072	\$0	\$0	\$0	2.0	\$81,762	
Expressive Therapists	2.0	\$80,750	\$161,500	2.0	\$55,271	\$120,354	\$0	\$0	\$0	4.0	\$221,184	
Therapists	1.0	\$52,222	\$52,222	0.0	\$58,960	\$4,438	\$0	\$0	\$0	1.0	\$58,960	
Case Manager	1.0	\$39,374	\$39,374	0.0	\$42,721	\$3,347	\$0	\$0	\$0	1.0	\$42,721	
Unit Clerk	1.5	\$44,000	\$66,000	0.0	\$44,000	\$0	\$0	\$0	\$0	1.5	\$66,000	
Outpatient												
Total Direct Care												
Support Staff (List general categories, add rows if needed)	2.25	\$34,124	\$76,778	0.2	\$36,121	\$9,911	\$0	\$0	\$0	2.4	\$96,690	
Maintenance	1.0	\$29,120	\$29,120	0.0	\$29,120	\$0	\$0	\$0	\$0	1.0	\$29,120	
Housekeeping	2.2	\$23,920	\$52,624	0.2	\$25,953	\$9,663	\$0	\$0	\$0	2.4	\$62,287	
Dietary	7.9	\$40,511	\$320,037	2.3	\$40,325	\$91,278	\$0	\$0	\$0	10.2	\$411,315	
School												
Total Support												
REGULAR EMPLOYEES TOTAL												
2. Contractual Employees												
Administration (List general categories, add rows if needed)	1.2	\$202,280	\$242,700	0.7	\$203,688	\$144,259	\$0	\$0	\$0	1.9	\$386,959	
Corporate Management (CFO, MIS, HR, Environment, Outreach)	0.4	\$48,000	\$19,200	0.1	\$54,000	\$7,800	\$0	\$0	\$0	0.5	\$27,000	
Human Resources Clerk	0.2	\$72,000	\$14,400	0.2	\$72,000	\$14,400	\$0	\$0	\$0	0.4	\$28,800	
Payroll Clerk			\$0			\$0	\$0	\$0	\$0			
Total Administration												
Direct Care Staff (List general categories, add rows if needed)	0.1	\$285,000	\$28,500	0.3	\$284,690	\$89,376	\$0	\$0	\$0	0.4	\$117,876	
Chief of Medical Staff	0.1	\$139,360	\$13,936	0.3	\$144,968	\$43,703	\$0	\$0	\$0	0.4	\$57,538	
Medical Records	0.1	\$188,000	\$18,800	0.0	\$169,000	\$0	\$0	\$0	\$0	0.1	\$16,000	
Physician			\$0			\$47,564	\$0	\$0	\$0	0.2	\$47,564	
PI/PA			\$0			\$0	\$0	\$0	\$0			
Total Direct Care Staff												
Support Staff (List general categories, add rows if needed)	0.3	\$108,870	\$32,643	0.0	\$108,870	\$0	\$0	\$0	\$0	0.3	\$32,643	
Director of Education			\$0			\$0	\$0	\$0	\$0			
			\$0			\$0	\$0	\$0	\$0			
			\$0			\$0	\$0	\$0	\$0			
Total Support Staff												
CONTRACTUAL EMPLOYEES TOTAL												
Grand Total (Same method of calculating benefits below)												
Total Cost of Regular Employees Total and Contractual Employees are \$635,034												
Total COST												